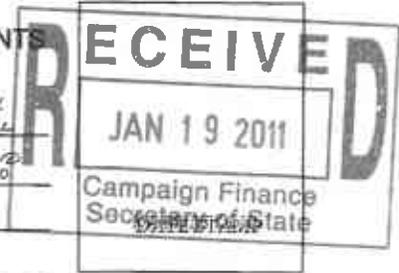




Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
 2010 Judicial Election

Delbert Hosemann
 SECRETARY OF STATE



Name of Committee Committee to Elect Larry Buffington
 Address P.O. Box 924, Collins, MS 39420
 Telephone 601-765-8944 Fax _____
 Treasurer Merald Buffington Email _____

Check here if above is different from previous report

TYPE OF REPORT

- ____ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
- ____ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
- ____ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010)..... Mandatory
- ____ October 8, 2010 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
- ____ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
- ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
- ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.

(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).

(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1,000 ⁰⁰ + \$ 4,200 ⁰⁰	\$ 5,200 ⁰⁰	\$ 31,000.07
Total amount of disbursements	\$ 2,000 ⁰⁰ + \$ 4,840 ⁰⁰	\$ 6,840 ⁰⁰	\$ 30,589.16
Total amount of cash on hand		\$ 410.91	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Merald Buffington
 Signature of Director of Treasurer

1/18/2010
 Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39201 or fax to 601-355-1489 or 601-576-2878.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 01-10

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01/19/2011 WED 10:57 FAX 6017926569 B SCOTT BUFFINGTON

Name of Candidate or Committee Larry Buffington
 Reporting period 10/24/2010 through 12/31/2010

ITEMIZED DISBURSEMENTS

A. Full name <u>ZATA 3</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>458 New Sandy Ave SE</u>	<u>12/9/2010</u>	\$ <u>2,059⁶⁰</u>
City, State, Zip Code <u>Washington, DC 20003</u>	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>7,494⁶⁰</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

S204-06

Name of Candidate or Committee Larry Buffett
 Reporting period 10/24/2010 through 12/31/2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Danny Cuscut</u>	<u>11/22/10</u>	\$ <u>1,000</u> ^E
Mailing Address <u>1-034 22129</u>	___/___/___	\$
City, State, Zip Code <u>JACKSON MS</u>	___/___/___	\$
Name of Employer (Required) <u>SELF</u>	___/___/___	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>1,000</u> ^E
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$

SS04-05